



Los Angeles County

**COLLEGE OF NURSING
AND ALLIED HEALTH**

1237 North Mission Road, Los Angeles, California 90033

► School of Nursing
► Education & Consulting Services
► Allied Health Continuing Education

(323) 226-4911/6511

REQUEST FOR VERIFICATION OF ENROLLMENT

Please complete this form to request letters verifying you are enrolled in the nursing program. Complete items I-IV as applicable. Letters will be placed in your mailbox unless you indicate otherwise.

I.

Name (PRINT LEGIBLY)

Class

CON Mailbox #

Address

e-mail address

City

State

Zip Code

Daytime phone #

II. Indicate the type of letter you are requesting.

- ☐ **Standard letter** – verifies enrollment, start/end date of current semester, number of semesters completed and projected graduation date. This letter meets the requirements for student worker.
- ☐ **Full-time status letter**– states student is full-time, (College defines full-time as a minimum of 10 semester units), start/end date of current semester, number of units and required class hours.
- ☐ Other: please specify _____

III. ☐ Request to have the attached form completed.

IV. ☐ Mail letter to:

Signature

Date

For office use only:

Date received: _____

Date completed: _____

Date mailed, if requested: _____

Completed by: _____